



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
APPROPRIATIONS COMMITTEE PUBLIC HEARING
FEBRUARY 21, 2020

Regarding HB 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021, **with a particular focus on the DMHAS, DDS and DPH budgets**

Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee:

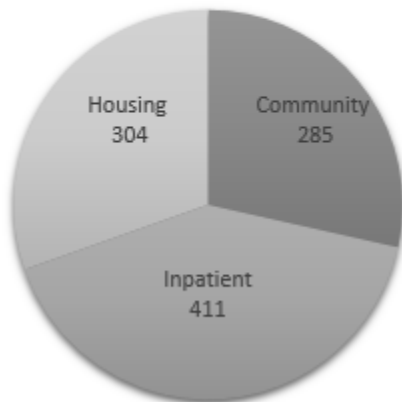
Good evening. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

DMHAS: I testify tonight with special gratitude for one particular line item in this budget proposal: the addition of \$3 million dollars to the DMHAS budget to support

community placements of individuals who are currently institutionalized at state-operated psychiatric inpatient facilities but have been determined by their clinical teams to be ready for discharge. These individuals have remained hospitalized because of an inadequately-resourced system of services and supports, including affordable housing and wraparound, voluntary services. Patients in the state psychiatric hospitals have a civil right to be discharged to the most integrated setting as soon as they no longer meet the legal standard for commitment. This line is consistent with the long-held position of both CLRP and DMHAS. The funding is for 20 patients to be discharged out of state hospitals. Many more patients are unnecessarily institutionalized, but this is a good start.

I appreciate that the governor’s budget adjustment proposal provides for level funding for CLRP. CLRP served 1000 clients last year; state funding from DMHAS accounted for 59% of our total funding (in-kind contributions under the consent decree represent approximately 11% of our total funding.) Years of repeated budget cuts and rescissions resulted in the loss of nearly half of CLRP’s staff through attrition and layoffs. We focused our work on addressing systemic issues with greater impact. We changed the way we represent clients at Whiting Forensic Hospital after the abuse scandal came to light. We have partnered with a law and technology class at UConn Law in the hopes of once again being able to meet a client need – preparation of advance directives – which we have lacked the resources to effectively address since we lost so many paralegal advocates.

CLRP Cases
7-1-18 - 6-30-19



DMHAS, DDS: The reality of the increased demand for our services in the face of reduced resources means that I support the call from my colleagues at other private non-profit agencies providing services to DMHAS and DDS clients to look at

options for additional funding for these services. Although this proposed budget adjustment mainly preserves funding for human and social services, it still locks us in at this lower level of funding despite the fact that more people need our help. If this state truly cares about the needs of its most vulnerable and marginalized residents, this state needs to demonstrate that caring with cash. It is insufficient to say that philanthropy will rise to meet the challenge. The basic needs of the people with disabilities who are served by DMHAS and DDS – for housing, for services and supports, for health care – will always be there, and if this state wants to claim a moral high ground, it cannot simply push the responsibility for meeting these needs onto reliance on charitable donations.

DDS: I am concerned about the proposed cut of \$2M in the Behavioral Services Program line which OPM states reflects “natural attrition in the Behavioral Services program and to reflect current caseload requirements.” I would urge this committee to follow up with the Department of Developmental Services to find out if their needs in other programs are being met; since we so often hear about people on the wait list for DDS services, whose needs often don’t even begin to be addressed until aging family members become unable to care for them as a result of death or their own incapacity, one wonders why money cut from one line in the DDS budget is not switched to another, rather than swept back into the General Fund.

DPH: In the wake of the abuse scandal at Whiting Forensic Hospital, that facility was separated from Connecticut Valley Hospital and put under the oversight of DPH. The recent report released by our colleagues at Disability Rights Connecticut called for also placing Connecticut Valley Hospital under DPH oversight. If this legislature concludes that best policy should require DPH licensure of all state-operated inpatient psychiatric facilities (not only CVH, but also Capital Region Mental Health Center in Hartford, Connecticut Mental Health Center in New Haven, and Greater Bridgeport Community Mental Health Center in Bridgeport), DPH would certainly need additional resources.